



FINAL REPORT

Nursing Staff in Hospitals Study Committee

January 2006

MEMBERS

Senator Joe Bolkcom, Co-chairperson
Senator James Seymour, Co-chairperson
Senator Dave Mulder
Senator Amanda Ragan

Representative Linda Upmeyer,
Co-chairperson
Representative Walt Tomenga
Representative Beth Wessel-Kroeschell

Staff Contacts:

Richard Nelson,
Senior Legal Counsel,
(515) 242-5822
richard.nelson@legis.state.ia.us

Kathy Hanlon,
Senior Research Analyst,
(515) 281-3847
kathy.hanlon@legis.state.ia.us

Contents:

- I. Presentations.
- II. Committee Discussion.
- III. Conclusion.
- IV. Materials Filed With the
Legislative Services Agency.

AUTHORIZATION AND APPOINTMENT

The Nursing Staff in Hospitals Interim Study Committee was created by the Legislative Council for one meeting date during the 2005 Interim and was provided a charge of reviewing the nurse staffing needs of the hospitals in this state and to make recommendations for options to improve hospital nurse staffing levels.



Nursing Staff in Hospitals Study Committee

I. Presentations.

The following presentations were made to the Committee at its October 18, 2005, meeting:

A. Nurse Staffing Experience in California/Iowa Hospital Association.

California. Ms. Dorel Harms, MS, RN, FACHE, Vice President, Professional Services, California Hospital Association, provided a perspective on the history and implementation of mandated nurse-to-patient ratios in California. Ms. Harms indicated that California ranks 49th nationally in the number of registered nurses and that legislation establishing mandated ratios was not accompanied by an appropriation, resulting in a cost to hospitals of approximately \$1 billion per year. She maintained that the legislation's intent of increasing the number of licensed nurses and improving the quality of patient care has in large part not been realized; cited a requirement that the ratios be implemented "at all times" as burdensome and an impetus for litigation; related that an increased diversion of patients and hospital closing rates has been experienced; cited conflicts with federal law and between state agencies; and stated that fewer than one in nine hospitals across the state is in compliance with the law.

Iowa Hospital Association. Mr. Greg Boattenhamer, Senior Vice President, Government Relations, Iowa Hospital Association, indicated that the association is opposed to and views as unnecessary staff ratio mandates and overtime restrictions. He stated that ratios fail to recognize constantly evolving patient care needs, ignore nurse shortage issues, lead to disparate results depending upon a hospital's financial resources, and provide a disincentive to exceed the mandated minimums. He added that mandatory overtime is, in the association's view, not generally being imposed by Iowa hospitals.

Iowa Health System. Ms. Kathy Ripple, Director of Home Care, Finley Hospital, Dubuque, provided input representing Finley and affiliate hospitals of the Iowa Health System. Ms. Ripple expressed opposition to mandated ratios, which she characterized as a one-size-fits-all approach to a constantly fluctuating patient care environment requiring staffing decisions by hospital staff physically present at the facility. She also expressed opposition to mandatory overtime prohibitions, stating that while Iowa Health System affiliate hospitals have been successful in voluntarily avoiding mandatory overtime, an outright prohibition would impede flexibility, jeopardize patient safety, and potentially close hospital beds and emergency departments.

B. Nursing Organization Environment and Position Statement on Determining Appropriate Nurse Staffing.

Iowa Nurses Association. Ms. Karol Joenks, RNC, BSN, President, Iowa Nurses Association, accompanied by Ms. Linda Goeldner, CHE, CAE, Executive Director, Iowa Nurses Association, provided an overview of various organizations representing nurses in the state. Ms. Joenks related the development and operation of the American Nurses Association and its state affiliate, the Iowa Nurses Association; explained that the American Nurses Association has developed a standard of nursing practice, a societal contract, and an ethical code; and described the association's representation of nurses for all work environment settings where there is no collective bargaining relationship, and some specified collective bargaining situations. Ms. Joenks also listed



other organizations representing staff nurses for collective bargaining. Additionally, she presented a position statement relating to principles for determining nurse staffing jointly developed by the Iowa Organization of Nurse Leaders and the Iowa Nurses Association. The statement emphasizes that appropriate nurse staffing can only be achieved through a decision-making process in which nurses themselves evaluate and respond to staffing needs, with patient care needs determining the level of staffing. Ms. Joenks indicated that government mandates tie the hands of nurses and deprive them of needed flexibility.

Iowa Organization of Nurse Leaders. Ms. Mary Ann Osborn, RN, Vice President, Chief Clinical Officer, St. Luke's Hospital, Cedar Rapids, provided additional input from the Iowa Organization of Nurse Leaders perspective, reiterating that mandatory ratios reduce flexibility in a dynamic work environment and that shared governance between nurses and hospital administrative staff should be a guiding principle regarding staffing decisions.

C. Public Hearings on Nursing – Summary Report.

Ms. Eileen Gloor, RN, MSN, Executive Director, Center for Health Workforce Planning, Bureau of Health Care Access, Iowa Department of Public Health, summarized the results of a series of public hearings conducted during September 2005 addressing nurse staffing issues. Ms. Gloor included both the comments of participants at the hearings and nurses submitting written comments either on their own behalf or on behalf of colleagues, employers, or professional organizations. Regarding legislation to regulate nurse staffing ratios, Ms. Gloor observed that an overwhelming majority of oral statements at the hearings opposed government intervention in the regulation of nurse staffing and/or overtime, whereas a slight but discernible majority of written comments expressed that ratios would improve staffing in some instances. She indicated that participants were divided as to whether mandatory overtime was being imposed by Iowa hospitals, that no participants supported the use of mandatory overtime as a planned staffing strategy, and that many stressed the need for flexible staffing capability. Ms. Gloor stated that in considering the role the Legislature should play with regard to nurse staffing and related issues, participants identified focusing on issues that improve the quality of patient care, listening to nurses who provide and manage direct patient care, recognizing the complexity of nurse staffing decisions, and addressing the nurse shortage directly as important factors.

D. Service Employees International Union – Staff Nurse Perspective and Contrasting Viewpoint on the California Experience.

Iowa Local. Ms. Cathy Singer-Glasson, RN, President, Service Employees International Union (SEIU) Local 199, and Chairperson of SEIU Nurse Alliance, introduced the presentation by calling for inclusion of nurses in decision making, identifying the nursing shortage as a looming crisis, indicating that the supply and demand for nurses is out of sync, stating that nurse staffing levels are directly linked to patient outcomes, and maintaining that a perception that nurses are against mandated ratios can be viewed as based upon a reluctance to speak out for fear of employer reprisals.

California Consultant. Ms. Beth Capell, PhD, Capell and Associates, provided a contrasting view of the California experience with mandated staffing ratios. Dr. Capell maintained that patient



Nursing Staff in Hospitals Study Committee

acuity or classification systems as a staffing solution alone are not sufficient but work well when combined with ratios, that hospital revenue since imposition of ratios is profitable and growing, that the cost of ratio implementation is actually less than 1 percent of revenue, that relatively few hospitals have closed since implementation and for reasons other than imposition of ratios, that the state is experiencing an increase in the number of new registered nurses, that nurses were involved in the determination of ratio levels, and that imposition of the ratios has improved patient care.

Iowa City Hospital Nurse. Ms. Sarah Swisher, RN, Policy Director, SEIU, related that as a nurse employed by the University of Iowa Hospitals and Clinics she observed an atmosphere that promotes nurse leadership, and cited national studies and research supporting ratios and documenting nurse burnout. She commented that during a nurse's career, they will invariably experience at least one negative patient outcome as a result of low nurse staffing.

Dubuque Hospital Nurse. Ms. Ann Gentil-Archer, RN, SEIU Union Representative, stated that she works as a patient and nurse advocate with nurses protected through collective bargaining efforts at the University of Iowa and Finley Hospital in Dubuque. Ms. Gentil-Archer indicated that little oversight regarding hospital nurse staffing decisions exists. She described the formation and operation of nurse staffing committees that facilitate discussions between bedside nurses and nurse managers regarding quality patient care issues and which utilize forms on which nurses may report staffing concerns. She reiterated the position that nurses not represented by collective bargaining are reluctant to express their concerns.

Acuity Scales. Ms. Karen Leigh, RN, described the utilization of acuity scales by hospitals to assign time values as a basis for staffing decisions, and indicated that hospital budget constraints and an exodus of bedside nurses from the profession of have resulted in unrealistic staffing expectations.

E. Demographic Trends in Nursing.

Ms. Lorinda Inman, RN, MSN, Executive Director, Iowa State Board of Nursing, provided a series of charts detailing the number of licensed nurses in the state, full-time versus part-time employment, basic employment statistics, and maps indicating nurse residence by county and population by county of employment.



F. University of Iowa Perspective.

Nursing Administration. Ms. Linda Everett, RN, PhD, CNAA, BC, Associate Director, Chief Nursing Office, University of Iowa Hospitals and Clinics; Director, Department of Nursing Services and Patient Care, University of Iowa College of Nursing, accompanied by Ms. Linda Chase, RN, MA, CNAA, Senior Assistant Director, Nursing Administration Department of Nursing Services and Patient Care, provided nurse staffing perspectives from the university's standpoint. Ms. Everett emphasized that a critical global nursing shortage is developing, that the nursing workforce is aging, that hospitals must use multiple resources for the continual recruitment of nurses, that aggressive and comprehensive registered nurse retention strategies must be employed by health care providers, that salaries and benefits need to be competitive with other states, and that educational assistance programs for nursing students are needed. She discussed the need for innovative staffing strategies offering shift and schedule flexibility, the use of evidence-based practice and business concepts to change nurse workflow, the measurement of nursing-sensitive outcomes, and the need for collaboration regarding staffing concerns.

College of Nursing. Ms. Liz Swanson, PhD, RN, Associate Professor, University of Iowa College of Nursing, provided input regarding the nursing faculty shortage at both the state and national level, citing as contributing factors budget constraints, an aging faculty, increasing job competition and the lack of role models, and master's and doctoral programs not meeting the demand for nurse graduates. She discussed strategies being undertaken nationally by the American Association of Colleges of Nursing to counter the trend, provided statistics and projections regarding the scope of the faculty shortage and faculty vacancies within the state, and indicated that at the state level loan repayment programs, scholarships, and creative programs may be employed in an effort to give priority to individuals interested in teaching.

II. Committee Discussion.

Committee members identified the primary issues emerging from the meeting as mandatory ratios, mandatory overtime prohibition, and whistleblower protection, and generally agreed that no consensus appeared to emerge regarding the first two issues. Concerning whistleblower protection, members commented that conflicting information was presented regarding the extent to which nurses are currently protected.

It was determined that a conference call would be scheduled at a later date after members had a chance to review and consider the information presented at the meeting, during which possible recommendations would be discussed.

III. Conclusion.

During the interval between the meeting date and the start of the 2006 Legislative Session, a divergence of opinion emerged regarding the extent to which consensus could be reached regarding the scope of the Committee's charge and recommendations which might be forthcoming. It was accordingly determined that while the meeting was worthwhile in identifying issues and providing the opportunity for a discussion of those issues from a variety of different viewpoints, a conference call or formulation of recommendations would not take place at this time.



Nursing Staff in Hospitals Study Committee

IV. Materials Filed With the Legislative Services Agency.

The materials listed were distributed at or in connection with the October 18, 2005, meeting and are on file with the Legislative Services Agency. The materials may be accessed from the "Additional Information" link on the Committee's Internet page:

<http://www.legis.state.ia.us/aspx/Committees/Committee.aspx?id=76>.

1. Nursing Staff in Hospitals Study Committee Background Information, submitted by Mr. Richard Nelson.
2. Governor Vilsack's Task Force on the Nursing Shortage Final Report, submitted by the Center for Health Care Workforce Shortage, prepared by the Iowa Council of Nurses.
3. Principles for Nurse Staffing, published by the American Nursing Association (ANA) at <http://www.nursingworld.org/readroom/stffprnc.htm>.
4. An Integrated Analysis of Nurse Staffing and Related Variables: Effects on Patient Outcomes, by Leah L. Curtin, RN, ScD(h), FAAN, published by the ANA at http://www.nursingworld.org/ojin/topic22/tpc22_5.htm.
5. California Ratios: The Ongoing Saga, a Powerpoint presentation provided by Ms. Dorel Harms.
6. Iowa Hospital Association Testimony: Nursing Staff in Hospitals Study Committee, submitted by Mr. Greg Boattenhamer.
7. HA Legislative Position 2006: Health Care Work Force Issues, submitted by Mr. Boattenhamer.
8. Written testimony of Ms. Kathy Ripple.
9. Written testimony of Ms. Cathy Singer-Glasson.
10. Key Points on Hospital Ratios in California, submitted by Ms. Beth Capell.
11. Written testimony of Ms. Ann Gentil-Archer.
12. Written testimony of Ms. Karen Leigh.
13. Written testimony of Ms. Mary Ann Osborn.
14. Demographic Trends in Nursing, prepared by Ms. Lorinda K. Inman.



- 15.** Nursing Faculty Shortage, prepared by Ms. Liz Swanson.
- 16.** Perspective on Nurse Staffing, prepared by Ms. Linda Everett and Ms. Linda Chase.

3561IC